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** PATENT AGENT

FACSIMILE TRANSMISSION

Date: 4/26/2006 **Pages:** 15 (including this page)

To: USPTO **From:** Cynthia K. Nicholson

Fax No.: 571-273-8300

Subject: **Amendment**

Comments:

Applicant: Oonishi	Serial No.: 10/765,882
Filing Date: 1/29/2004	Atty Dkt.: 11-219

Title: SENSOR DEVICE AND CERAMIC PACKAGE FOR MOUNTING ELECTRONIC COMPONENTS

Attached please find:

(1) Transmittal form;
(2) Fee transmittal form; and
(3) 12-page Amendment

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the USPTO (Fax. No. 571-273-8300) on 26 April 2006.
Typed Name: Cynthia K. Nicholson.
Signature: _____

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)			
		Application Number	10/765,882
		Filing Date	1/29/2004
		First Named Inventor	Oonishi
		Art Unit	2636
		Examiner Name	Eric BLOUNT
Total Number of Pages in This Submission		Attorney Docket Number	11-219

ENCLOSURES *(Check all that apply)*

- ☑ Fee Transmittal Form
  - ☐ Fee Attached
- ☑ Amendment / Reply
  - ☐ After Final
  - ☐ Affidavits/declaration(s)
- ☐ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Reply to Missing Parts/ Incomplete Application
  - ☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53
- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a Provisional Application
- ☐ Power of Attorney, Revocation Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD, Number of CD(s) _____
  - ☐ Landscape Table on CD
- ☐ After Allowance communication to (TC)
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☐ Other Enclosure(s) (please identify below):

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Posz Law Group, PLC		
Signature			
Printed name	Cynthia K. Nicholson		
Date	26 April 2006	Reg. No.	36,880

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Cynthia K. Nicholson	Date	26 April 2006

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FEE TRANSMITTAL

Application Number	10/765,882
Filing Date	1/29/2004
First Named Inventor	Oonishi
Examiner Name	Eric BLOUNT
Art Unit	2636
Attorney Docket No.	11-219

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT ($) 50

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ None ☐ Other (please identify):

☑ Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☑ Charge fee(s) indicated below

☑ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☑ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)
27 - 20 or 26 =	1	x 50	= 50

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
- 3 or HP =		x	=

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims	
Fee ($)	Fee Paid ($)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is $ ($ for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
- 100 =	/ 50 =	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, $130 fee (no small entity discount) Fees Paid ($)

Other:

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,880	Telephone (703) 707-9110
Name (Print/Type)	Cynthia K. Nicholson		Date 26 April 2006

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Oonishi	Atty. Dkt.: 11-219
Serial No.: 10/765,882	Art Unit: 2636
Filed: 1/29/2004	Examiner: Eric BLOUNT
Title: SENSOR DEVICE AND CERAMIC PACKAGE FOR MOUNTING ELECTRONIC COMPONENTS	

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Date: 26 April 2006

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Signature: _____

AMENDMENT UNDER 37 CFR 1.111

Sir:

In response to the office action mailed 22 February 2006, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 9 of this paper.

04/27/2006 TL0111 00000047 501147 10765882
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